

WCFA CHECK REQUEST

Date Requested: _____ Date Required: _____ Purchase Order #: _____

Signature of Person Making Request: _____

Person Making Request _____
Printed (if different than Chairman)

Check made payable to: _____

Mailing Address: _____

City, State, ZIP _____

Amount of Check: \$ _____

Purpose for Expenditure: _____

Attach receipt or documentation for request.

Special instructions: _____

For Office Use Only:

Source of Funds to Cover Check: (Name of Bank and Account Number):

Bank: _____ Acct #: _____

General Ledger # _____

General Ledger # _____

General Ledger # _____

General Ledger # _____

Date Mailed/Delivered _____